

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38669
9930
Registrar's No.

FILED NOV 24 1948

Registration District No.

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 Yrs 0 Mons 13 Days.
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME

FRED SPRINGER

3. (b) If veteran, name war no

3. (c) Social Security No. 489-22-2747

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nora Springer
6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased 31 (Month) 1881 (Day) (Year)

8. AGE: Years 67 Months 0 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation City Employee

11. Industry or business

12. Name Frederick Springer
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)
14. Maiden name Johanna Hotz
15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Springer
(b) Address 2109 Mullanphy St.
17. (a) Burial (b) Date thereof 11-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.
19. (a) NOV 16 1948 (b) J. B. Lasater (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2517a W. St. Louis Ave. Memorial no (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from 11/12/48 to Nov. 14th 19 48
that I last saw him alive on Nov. 14th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Middle Cerebral Artery Thrombosis Duration Indom.

Due to Arteriosclerosis

Due to 83

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83 Of autopsy 83 PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 83
23. Signature J. M. Linder 1515 Lafayette 11/15/48 (M.D. or other) Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

• STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Elmo R. Cadwell*.....
Licensed Embalmer No. *4077*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.